					App	Reation 0	r Doc	k t Numb	17
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									
CLAIMS AS FILED - PART I					MALL ENT		OR_	OTHER T SMALL E	
- ARAS	41			٢	RATE	FEE		RATE	FEE
TOTAL CLAIMS	MUMBER FILED	NUMBER	ECTRA	e	ASTC FEE	355.00	ОЯ	ASIC FEE	710.00
FOR		. 0	. 21		X\$ 9>		OR	X\$18=	378
TOTAL CHARGEABLE CLAIM		1.		H	X40=		OR	X80=	
NDEPENDENT CLAIMS	3 minus 3 =	ــــــــــــــــــــــــــــــــــــــ							
MURTIPLE DEPENDENT CLAIM PRESENT				+135=		OR	+270=	10110	
• If the difference in column 1 is less than zero, enter "O" in column 2					TOTAL		OR	TOTAL	IOYA
CLAIMS AS AMENDED - PART II SHALL ENTITY OR SMALL ENTITY									
U 4 04 (Cotumn	1) (Co.	umn 2)	Column 3	ì	OHALE !	ADDI-	1		ADDI-
CLAIM.	NO NO	AMBER VIOUSLY	PRESENT	П	RATE	TIONAL		RATE	TIONAL
Total - 4		ID FCR		1	X5 8=	FEG	OR	X\$18=	
Total .	Minus -	<u> </u>		1			1	X80=	
Independent ·	Minus	M CLAIM		1	X40=	<u> </u>	OR	-	
FIRST PRESENTATION	JP ROLLIFEE OC. CASE				+135=		OR	+270=	
					ADOIT, FEE		JOR	ADDIT. FEE	
5-9-05		ohumn 2)	(Column :	3)		·	,		1 4001
CALL	S N	IGHEST UMBER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	A MARKET PARTY AND A	EVIOUSLY AID FOR	EXTRA	4		FEE	-	 	FEE
Total · U	Minus ••	41	<u> -</u>	1	X\$ 9=		JOR	X\$18-	}
independent .	3 Minus ***	3	·	4	X40=	L	OF	X80=	<u> </u>
FIRST PRESENTATION	OF MULTIPLE DEPEND	ENT CLAIM	بلط	L	+135=		OF	+270=	
					TOTA		OF	ADDITL FE	
				~	.ADDIT. FE		<u> </u>	NOOIL FE	
(Colum	OC BENEFICE	HIGHEST	(Column	7		ADDI	7		ADDI
O REMAI	MING P	NUMBER REVIOUSLY	PRESEN EXTRA		RATE	TIONAL	니	RATE	TIONA
DIABILIA DE LE	MENT MENT	AND FOR	- Ø	7	X\$ 9=	1 55	٦	X\$18=	
Total · 4 Independent · 3	Minus ••	3 -	- 0	\dashv		╀┷	- °'	Yes	
independent 3	[mm-e-			d	X40=	┼	-101	R X80=	+
PROT PACAGOTATION					+135=		01		
." If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Righest Number Previously Paid For IN THIS SPACE is less than 3, enter "2."					ADOIT, FE]o	ADDIT FI	
	dously Paid For IN 1715 or dously Paid For BITHIS SP lously Paid For (Total or Indi ously Paid For (Total or Indi			ween J.	tound in the	eppropriate	box b	column 1.	
The Wighest Number Previ	DRIGHT FOR CHARLES AND ADDRESS.							DÉDARTA FAIT	

FORM PTO-671

Patient and Trademark Office, U.S. DEPARTMENT OF COMMENC